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SUCCESS STORY

Cough Monitors Decrease Tuberculosis Default Rates

RCQHC

Cough monitors with a family of a client during a community visit.

USAID/EA's health partner, The Regional Center for Quality of Health Care (RCQHC), has been working for the past three years in three countries (Kenya, Tanzania, and Uganda) with health stakeholders at the district level to improve tuberculosis (TB) control outcome indicators, including case detection rates.

Once a person tests positive for TB, a full course of treatment can take up to six months. Many people, because of inconvenience or cost, stop taking their TB medication before the end of the required period. These individuals, called 'defaulters,' present a substantial risk for public health because they continue to carry the highly contagious TB strain in their system. It is therefore vitally important to significantly decrease these TB defaulters.

TB defaulter rates were in the double digits in most Kenyan districts and TB program coordinators had to bring down these rates. Initially volunteer community health workers (CHWs) were encouraged to increase TB case detection. CHWs who looked for new TB cases were called "cough monitors" since a leading symptom of TB is a distinct, body wracking cough.

Cough monitors first mapped the location of TB patients on treatment, and then set out after the defaulters. Then the monitors started taking on more responsibility as "Directly Observed Treatment (DOTS) Supporters" (providing TB medicines to patients and ensuring through direct observation) that the drugs were actually consumed each day. The DOT Supporter became a vital link between TB patients in the community and the Health Center. In this way, default rates in Kenya dropped to below 6% in the collaborative sites and treatment success rates increased.

Recognizing the critical role of the "cough monitor," the Kenya Ministry of Health moved to make them sustainable by offering a modest allowance for their work over the next five years.